

Docket No.: 09086-00222-US  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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In re Patent Application of:  
Hans-Robert-Hellmuth Damrau et al.

Application No.: 10/532522

Group Art Unit: N/A

Filed: April 25, 2005

Examiner: Not Yet Assigned

For: RACEMOSELECTIVE PREPARATION OF  
BRIDGED METALLOCENE COMPLEXES  
HAVING UNSUBSTITUTED OR 2-  
SUBSTITUTED INDENYL LIGANDS

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**TRANSMITTAL MISSING REQUIREMENTS**

06/29/2005 MKAYPAGH 00000132 10532522

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130.00 0P

MS PCT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

The Applicant encloses herewith the executed Combined Declaration/POA. Applicant has not received a Notification of Missing Requirements. Enclosed is a check for \$130.00 to cover the cost of the filing of the missing parts.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in

this application by this firm) to our Deposit Account No. 03-2775, under Order No. 09086-00222-US.

Dated: 6/24/05

Respectfully submitted,

By Helena C. Rychlicki  
Helena C. Rychlicki

Registration No.: 48,179

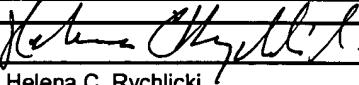
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Attorneys for Applicant

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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>Fee TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	10/532522
		Filing Date	April 25, 2005
		First Named Inventor	Hans-Robert-Hellmuth Damrau
		Examiner Name	Not Yet Assigned
		Art Unit	N/A
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		TOTAL AMOUNT OF PAYMENT (\$ 130.00)	
		Attorney Docket No. 09086-00222-US	

<b>METHOD OF PAYMENT</b> (check all that apply)					
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input type="checkbox"/> Deposit Account Deposit Account Number: 03-2775 Deposit Account Name: Connolly Bove Lodge & Hutz LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

<b>FEE CALCULATION</b>																						
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																						
<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>																	
	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fees Paid (\$)</b>															
Utility	300	150	500	250	200	100	_____															
Design	200	100	100	50	130	65	_____															
Plant	200	100	300	150	160	80	_____															
Reissue	300	150	500	250	600	300	_____															
Provisional	200	100	0	0	0	0	_____															
<b>2. EXCESS CLAIM FEES</b>																						
<b>Fee Description</b> <table border="1" style="width: 100%;"> <tr> <td>Each claim over 20 (including Reissues)</td> <td style="text-align: right;">Small Entity Fee (\$)</td> <td style="text-align: right;">Fee (\$)</td> </tr> <tr> <td>50</td> <td>25</td> <td></td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td style="text-align: right;">200</td> <td style="text-align: right;">100</td> </tr> <tr> <td></td> <td>360</td> <td>180</td> </tr> <tr> <td>Multiple dependent claims</td> <td></td> <td></td> </tr> </table>								Each claim over 20 (including Reissues)	Small Entity Fee (\$)	Fee (\$)	50	25		Each independent claim over 3 (including Reissues)	200	100		360	180	Multiple dependent claims		
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50	25																					
Each independent claim over 3 (including Reissues)	200	100																				
	360	180																				
Multiple dependent claims																						
<b>Total Claims</b> $16 - 20 =$		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>																	
$16 - 20 =$		$\times$	$=$	$=$	$-----$ $-----$																	
<b>Indep. Claims</b> $2 - 3 =$		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	$-----$ $-----$																	
$2 - 3 =$		$\times$	$=$	$=$	$-----$ $-----$																	
<b>3. APPLICATION SIZE FEE</b>																						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																						
<b>Total Sheets</b> $----- - 100 =$		<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>																	
$----- - 100 =$		$/50$	$(round up to a whole number) \times$	$=$	$=$																	
<b>4. OTHER FEE(S)</b>																						
Non-English Specification, \$130 fee (no small entity discount)																						
Other (e.g., late filing surcharge): 1051 Surcharge-Late filing fee 130.00																						

<b>SUBMITTED BY</b>					
Signature			Registration No. (Attorney/Agent)	48,179	Telephone (302) 658-9141
Name (Print/Type)	Helena C. Rychlicki		Date 6/24/05		

Application No. (if known): 10/532522

Attorney Docket No.: 09086-00222-US

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Fee Transmittal  
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